



**Hosted by**

**Where**

**When**

**Class  
Instructor(s)**

## Registration

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Name on TREC license

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TREC license # Primary phone

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Email address

**CE credit**

If seeking CE credit, please bring your real estate license and a valid photo I.D.

**Special services**

If you require special accommodations to participate, please let us know at least three days prior to the course and attach a written description of your needs.

**Refund/cancellation policy**

<b>Courses &amp; fees</b>	<b>Members</b>	<b>Non-members</b>
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**Deadline**

Register by \_\_\_\_\_ After deadline, add \_\_\_\_\_

**Method of payment**

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Name on card 3-digit CSC

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Billing address ZIP

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Credit card number Expiration date

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Signature

## To register